ARIZONA CORPORATION COMMISSION UTILITIES DIVISION

ANNUAL REPORT MAILING LABEL - MAKE CHANGES AS NECESSARY



W-02301A
Tortolita Water Co., Inc.
3573 E. Sunrise Dr., Ste 125
Tucson, AZ 85718

ANNUAL REPORT

RECEIVEE

MAR 2 7 2006

FOR YEAR ENDING Director of Utilities

12 31 2005

FOR COMMISSION USE

ANN04 05

enried 32606 RF

COMPANY INFORMATION

| MANAGEMENT INFORMATION Management Contact: Daniel H. O'Connell President (Name) (Title) 3567 E. Sunrise D., Stell 9 Tueson, A2 (State) (City) (Street) (Street) (State) (State) (State) Telephone No. (Include Area Code) Fax No. (Include Area Code) Pager/Cell No. (Include Area Code) Email Address On Site Manager: (Name) | | • | Tortolita Water Co | | | | |
|--|------------------------------------|--------------------|--|-------------------------------------|--------------------------|--|--|
| (City) (State) (Zip) (City) (State) (Zip) (City) (State) (Zip) (City) (State) (Pager/Cell No. (Include Area Code) (Street) (City) (State) (Zip) (City) (State) Pager/Cell No. (Include Area Code) (City) (State) (Zip) (City) (State) (Zip) (City) (State) (Zip) (City) (State) (Zip) (City) (State) Pager/Cell No. (Include Area Code) (City) (State) (Zip) (City) (State) (Title) (State) (State) (State) (State) (State) (State) (State) (State) (State) (State) (State) (State) (State) (State) (State) (State) (State) (State) (State) (State) (State) (State) (State | | 119 | unrise Dr., Ste | Sunris | 7 E. | 3567 | failing Address _ |
| Cab Cis- 9802 Cab Cis- 9789 Fax No. (Include Area Code) Pager/Cell No. (I | | 85718 | A2. | F | et) | (Street) | Tueson |
| Cocal Office Mailing Address Cocal Office Mailing Address (Street) (City) (City) (State) (State) (Zip) Cocal Office Telephone No. (Include Area Code) Fax No. (Include Area Code) Pager/Cell No. (Include Area Code) MANAGEMENT INFORMATION Management Contact: Name (Name) (State) (Zip) Pager/Cell No. (Include Area Code) Pager/Cell No. (Include Area Code) (City) (State) | (Zip) | (Zi | (State) | | | City) | (0 |
| Cocal Office Mailing Address Cocal Office Mailing Address (Street) (City) (City) (State) (State) (Zip) Cocal Office Telephone No. (Include Area Code) Fax No. (Include Area Code) Pager/Cell No. (Include Area Code) MANAGEMENT INFORMATION Management Contact: Name (Name) (State) (Zip) Pager/Cell No. (Include Area Code) Pager/Cell No. (Include Area Code) (City) (State) | | | (520) 615-9189 | (520) | 2 | 5-9802 | (620) 61 |
| (City) (State) (Zip) ocal Office Mailing Address (City) (State) (Zip) ocal Office Telephone No. (Include Area Code) Fax No. (Include Area Code) Pager/Cell No. (Include Area Code) MANAGEMENT INFORMATION Management Contact: Daniel H. O'Connell President (Name) (Title) 3567 E. Suncise Dr. Stell 9 Tueson, A2 86 (State) (City) (State) (City) Telephone No. (Include Area Code) Fax No. (Include Area Code) Pager/Cell No. (Include Area Code) Telephone No. (Include Area Code) Pager/Cell No. (Include Area Code) On Site Manager: (Name) | (Include Area Code) | Pager/Cell No. (I | Fax No. (Include Area Code) | Fax No. (| | Area Code) | Telephone No. (Include |
| (Street) (City) (State) (Zip) ocal Office Telephone No. (Include Area Code) Fax No. (Include Area Code) Pager/Cell No. (Include Brazil Address MANAGEMENT INFORMATION Management Contact: Daniel H. O'Connell President (Title) 3567 E. Sunrise Dt, Stell 9 Tueson, A2 (Street) (Street) (City) (Street) (City) (State) Pager/Cell No. (Include Area Code) Pager/Cell No. (Include Area Code) Fax No. (Include Area Code) Pager/Cell No. (Include Area Code) On Site Manager: (Name) | | | the state of the s | | | | mail Address |
| MANAGEMENT INFORMATION Management Contact: Daniel H. O'Connell President (Name) Management Contact: Step 19 (Street) (Street) (Street) (Street) (Street) (Street) (State) (S | | e | same as above | S9m C (Street) | SS | ing Address | ocal Office Mail |
| MANAGEMENT INFORMATION Management Contact: Daniel H. O'Connell President (Name) (Title) 3567 E. Sunrise D., Ste 119 Tucson, A2 86 (Street) (City) (State) (Sao) 615-9802 (520) 615-9789 Telephone No. (Include Area Code) Fax No. (Include Area Code) Pager/Cell No. (Include Area Code) Email Address On Site Manager: (Name) | Ľip) | (Zip | (State) | | | ity) | (C |
| Management Contact: Daniel H. O'Connell President (Name) (Title) 3567 E. Sunrise D1, Ste 119 Tueson, A2 86 (Street) (City) (State) (State) (Sao) 615-9802 (Sao) 615-9789 Telephone No. (Include Area Code) Fax No. (Include Area Code) Pager/Cell No. (Include Area Code) Email Address On Site Manager: (Name) | l No. (Include Area Code | Pager/Cell N | Fax No. (Include Area Code) | Fax N | Area Code) | No. (Include A | ocal Office Telephone |
| Management Contact: Daniel H. O'Connell President (Name) (Title) 3567 E. Sunrise Dt, Ste 119 Tueson, AZ 86 (Street) (City) (State) (State) (Sao) 615-9802 (520) 615-9789 Telephone No. (Include Area Code) Fax No. (Include Area Code) Pager/Cell No. (Include Area Code) Email Address On Site Manager: (Name) | | | | | | | S |
| (\$20) 615-9802 (\$20) 615-9789 Telephone No. (Include Area Code) Fax No. (Include Area Code) Pager/Cell No. (Include Area Code) Email Address On Site Manager: (Name) | | ON | GEMENT INFORMATIO | NAGEME | MA | | mail Address |
| (\$20) 615-9802 (\$20) 615-9789 Telephone No. (Include Area Code) Fax No. (Include Area Code) Pager/Cell No. (Include Area Code) Email Address On Site Manager: (Name) | ident | | | | | Contact: | |
| (\$20) 615-9802 (\$20) 615-9789 Telephone No. (Include Area Code) Fax No. (Include Area Code) Pager/Cell No. (Include Area Code) Email Address On Site Manager: (Name) | iden † | | | | | Contact:_ | |
| Email Address | ident (Title) 85718 (Zip) | | | | | Contact:_ | |
| Email Address | ident (Title) 85718 (Zip) | President (Ti | Name) (Name) (City) | niel H. (Nar Dr., Ste | Dan | Contact:_ E. Su | Management (|
| (Name) | | President (Ti | Name) (Name) (City) | niel H. (Nar Dr., Ste | Dan | Contact:_ E. S. M. 185-9802 Clude Area Cod | Management (|
| (Name) | | President (Ti | (Name) (Name) (City) (S20) 615-9789 Fax No. (Include Area Code) | (Nar Dr., Ste (Cit | Dan nrise 2 de) | <u>5-9802</u> clude Area Cod | Management (3567 (Street) (S20) 67 Telephone No. (Inc. |
| (Street) (City) (State) (| | President (Ti | H. O'Connell (Name) 1, Ste 119 Tue (City) (520) 615-9789 Fax No. (Include Area Code) | niel H. (Nar Dr., Ste (Cit | Dan nrise 2 de) | 5-9802 clude Area Cod | Management (3567 (Street) (S20) 67 Telephone No. (Inc.) |
| | | President (Ti | H. O'Connell (Name) (Name) | Nar Nar Dr, Ste (Cit | Dan nrise 2 de) | 5-9802 clude Area Cod | Management (3567 (Street) (S20) 67 Telephone No. (Inc.) |
| Telephone No. (Include Area Code) Fax No. (Include Area Code) Pager/Cell No. (Include Area | | Pager/Cell No. (In | H. O'Connell (Name) (Name) | (Nar Dr, Ste (Cit (Sax) | Dan nrise 2 de) | 5-9802 clude Area Cod | Management (3567 (Street) (520) 6/2 (Telephone No. (Inc.) Email Address_ On Site Management (1988) |

Please mark this box if the above address(es) have changed or are updated since the last filing.

| Statutory Agent: Daniel | H. O'Connell (Name) | | |
|---|---|--------------------------|----------------|
| | | Tueson, AZ | 85718 |
| 3567 E. Synrise (Street) | (City) | (State) | (Zip) |
| (520) 415- 9802 Telephone No. (Include Area Code) | (520) 615-978 Fax No. (Include Area Code | Pager/Cell No. (Incl | ude Area Code) |
| Total Tito (Lineau Land) | · · · · · · · · · · · · · · · · · · · | | |
| Attorney: | (Name) | | |
| (Street) | (City) | (State) | (Zip) |
| Telephone No. (Include Area Code) | Fax No. (Include Area Code) | Pager/Cell No. (Inclu | ide Area Code) |
| Please mark this box if the above a | ıddress(es) have changed or | are updated since the la | st filing. |
| OV | VNERSHIP INFORMA | <u>TION</u> | |
| Check the following box that applies to | your company: | | |
| Sole Proprietor (S) | C Corporation | on (C) (Other than Assoc | iation/Co-op) |
| Partnership (P) | Subchapter S | S Corporation (Z) | |
| Bankruptcy (B) | Association/ | Co-op (A) | |
| Receivership (R) | Limited Liab | oility Company | |
| Other (Describe) | | | |
| | COUNTIES SERVE | 2 | |
| Check the box below for the county/ies | in which you are certificated | to provide service: | |
| _ АРАСНЕ | ☐ COCHISE | | NINO |
| ☐ GILA | ☐ GRAHAM | GREEN | NLEE |
| ☐ LA PAZ | ☐ MARICOPA | □ МОНА | VE |
| ☐ NAVAJO | ⋈ PIMA | ☐ PINAL | |
| ☐ SANTA CRUZ | ☐ YAVAPAI | ☐ YUMA | |
| ☐ STATEWIDE | | | |

UTILITY PLANT IN SERVICE

| Acct. | | Original | Accumulated | O.C.L.D. |
|-------|--|-----------|----------------------|--------------|
| No. | DESCRIPTION | Cost (OC) | Depreciation (AD) | (OC less AD) |
| 301 | Organization | | | |
| 302 | Franchises | | | |
| 303 | Land and Land Rights | 50,000. | NA | 50,000. |
| 304 | Structures and Improvements | | • | |
| 307 | Wells and Springs | | | |
| 311 | Pumping Equipment | 5,000. | 5,000 | 0 |
| 320 | Water Treatment Equipment | | | |
| 330 | Distribution Reservoirs and Standpipes | | | |
| 331 | Transmission and Distribution Mains | | | |
| 333 | Services | | | |
| 334 | Meters and Meter Installations | 764. | 405. | 359. |
| 335 | Hydrants | | | |
| 336 | Backflow Prevention Devices | | | |
| 339 | Other Plant and Misc. Equipment | | | |
| 340 | Office Furniture and Equipment | | | |
| 341 | Transportation Equipment | | | |
| 343 | Tools, Shop and Garage Equipment | | | |
| 344 | Laboratory Equipment | | | |
| 345 | Power Operated Equipment | | | |
| 346 | Communication Equipment | | | |
| 347 | Miscellaneous Equipment | | | |
| 348 | Other Tangible Plant | | | |
| | TOTALS | 55,764. | 5,405. | 50,359 |

This amount goes on the Balance Sheet Acct. No. 108

CALCULATION OF DEPRECIATION EXPENSE FOR CURRENT YEAR

| Acct. No. | DESCRIPTION | Original Cost (1) | Depreciation Percentage (2) | Depreciation Expense (1x2) |
|--------------|--|--------------------|-----------------------------------|-----------------------------|
| 301 | Organization | | | |
| 302 | Franchises | | | |
| 303 | Land and Land Rights | 50,000. | NA | NA |
| 304 | Structures and Improvements | 50,000. 20,000. | per schedu | 837.70 |
| 307 | Wells and Springs | | ,,, | |
| 311 | Pumping Equipment | 5,000. | fully dep | eciated |
| 320 | Water Treatment Equipment | | , , | |
| 330 | Distribution Reservoirs and Standpipes | | | |
| 331 | Transmission and Distribution Mains | | | |
| 333 | Services | | | |
| 334 | Meters and Meter Installations | 764 | MSL/HY | 15.28 |
| 335 | Hydrants | | | |
| 336 | Backflow Prevention Devices | | | |
| 339 | Other Plant and Misc. Equipment | | | |
| 340 | Office Furniture and Equipment | | | |
| 341 | Transportation Equipment | | | |
| 343 | Tools, Shop and Garage Equipment | | · | |
| 344 | Laboratory Equipment | | | |
| 345 | Power Operated Equipment | | | |
| 346 | Communication Equipment | | | |
| 347 | Miscellaneous Equipment | | | |
| 348 | Other Tangible Plant | | | |
| | TOTALS | 75,764. | | 852.98 |

This amount goes on the Comparative Statement of Income and Expense ______Acct. No. 403.

COMPANY NAME

Tortolita Water Co., Inc

BALANCE SHEET

| Acct | | Ι, | BALANCE AT BEGINNING OF | BALANCE AT END OF |
|------|---|----|----------------------------|----------------------|
| .No. | ASSETS | 1 | YEAR | YEAR |
| | ASSETS | + | | |
| | CURRENT AND ACCRUED ASSETS | | | |
| 131 | Cash | \$ | 1063.96 | \$ 531.05 |
| 134 | Working Funds | | • | |
| 135 | Temporary Cash Investments | | | |
| 141 | Customer Accounts Receivable | | | |
| 146 | Notes/Receivables from Associated Companies | | 1415.75 | 1415.75 |
| 151 | Plant Material and Supplies | | | |
| 162 | Prepayments | | | |
| 174 | Miscellaneous Current and Accrued Assets | | | |
| | TOTAL CURRENT AND ACCRUED ASSETS | \$ | 2479.71 | \$ 1946.80 |
| | FIXED ASSETS | | | |
| 101 | Utility Plant in Service | \$ | 5764.05 | \$ 5764.05 |
| 103 | Property Held for Future Use | | | |
| 105 | Construction Work in Progress | | | |
| 108 | Accumulated Depreciation – Utility Plant | | (5390.00) | (5404.95) |
| 121 | Non-Utility Property | | 70,000.00 | 70,000.00 |
| 122 | Accumulated Depreciation – Non Utility | | <u> </u> | (12,216.40) |
| | TOTAL FIXED ASSETS | \$ | 58,996.05 | \$ 58,142.70 |
| | TOTAL ASSETS | \$ | 61,475.76 | \$ 60,08950 |

NOTE: The Assets on this page should be equal to Total Liabilities and Capital on the following page.

BALANCE SHEET (CONTINUED)

| Acct. No. | | BALANCE AT BEGINNING OF | BALANCE AT END OF |
|--------------|---|--|----------------------|
| | LIABILITIES | YEAR | YEAR |
| | CURRENT LIABILITES | | |
| 231 | Accounts Payable | \$ | \$ |
| 232 | Notes Payable (Current Portion) | | |
| 234 | Notes/Accounts Payable to Associated Companies | 2800.00 | 4200.00 |
| 235 | Customer Deposits | 500.00 | |
| 236 | Accrued Taxes | 85.17 | 81.83 |
| 237 | Accrued Interest | | |
| 241 | Miscellaneous Current and Accrued Liabilities | | |
| | TOTAL CURRENT LIABILITIES | \$ 3385.17 | \$ 4281.83 |
| | LONG-TERM DEBT (Over 12 Months) | | |
| 224 | Long-Term Notes and Bonds | \$ | \$ |
| | DEFERRED CREDITS | | |
| 251 | Unamortized Premium on Debt | \$ | \$ |
| 252 | Advances in Aid of Construction | | |
| 255 | Accumulated Deferred Investment Tax Credits | | |
| 271 | Contributions in Aid of Construction | | |
| 272 | Less: Amortization of Contributions | | |
| 281 | Accumulated Deferred Income Tax | | |
| | TOTAL DEFERRED CREDITS | \$ | \$ |
| | TOTAL LIABILITIES | \$ 3385.17 | \$ 4281.83 |
| | CAPITAL ACCOUNTS | | i |
| 201 | Common Stock Issued | \$ 400.00 | \$ 400.00 |
| 211 | Paid in Capital in Excess of Par Value | 74600.00 | 74.600.00 |
| 215 | Retained Earnings | < 16.909.41) | 1 419,192.3 |
| 218 | Proprietary Capital (Sole Props and Partnerships) | | |
| | TOTAL CAPITAL | 14600.00 < 16,909.41) \$ 52,090.59 | \$ 55,807.6 |
| | TOTAL LIABILITIES AND CAPITAL | \$ 61,475.76 | \$ 60,089.5 |

COMPARATIVE STATEMENT OF INCOME AND EXPENSE

| Acct. | OPERATING REVENUES | | PRIOR YEAR | CU | JRRENT YEAR |
|---------|---|--|-----------------------------|--------------|---------------------------------------|
| No. 461 | Metered Water Revenue | \$ | 2010 | \$ | 1 011 111 |
| | Unmetered Water Revenue | —————————————————————————————————————— | 757.49 | 3 | 694.46 |
| 460 | | | - | | |
| 474 | Other Water Revenues | | | + | |
| | TOTAL REVENUES | \$ | 757.49 | \$ | 694.46 |
| | | | | | · · · · · · · · · · · · · · · · · · · |
| | OPERATING EXPENSES | | | 1_ | |
| 601 | Salaries and Wages | \$ | | \$ | |
| 610 | Purchased Water | | | | |
| 615 | Purchased Power | | 480.22 | | 1037.91 |
| 618 | Chemicals | | | | |
| 620 | Repairs and Maintenance | | 1088.45 | | 17.73 |
| 621 | Office Supplies and Expense | | 1088.45 40.96 1375.00 | | 11.73 92.32 |
| 630 | Outside Services | | 1375.00 | | 1620.00 |
| 635 | Water Testing | | | | • |
| 641 | Rents | | 4000.00 | | 3400.00 |
| 650 | Transportation Expenses | | | | |
| 657 | Insurance – General Liability | | | | |
| 659 | Insurance - Health and Life | | | | - W |
| 666 | Regulatory Commission Expense – Rate Case | | | | |
| 675 | Miscellaneous Expense | | 110.00 | | 40.96 |
| 403 | Depreciation Expense | | 1227.00 | | 852.98 |
| 408 | Taxes Other Than Income | | 40.17 | | 36.83 |
| 408.11 | Property Taxes | | 40.32 | | 39.27 |
| 409 | Income Tax | | 45.00 | | 45.00 |
| | TOTAL OPERATING EXPENSES | \$ | 8 447.12 | \$ | 1243.00 |
| | | | | | / 4 /0.00 |
| | OPERATING INCOME/(LOSS) | \$ | < 7689.63> | \$ | 66548.54 |
| | OTHER INCOME/(EXPENSE) | | | | - |
| 419 | Interest and Dividend Income | \$ | | \$ | 10 00 |
| 421 | Non-Utility Income | 4 | 6.70 | 1 | // 55.99 |
| 426 | Miscellaneous Non-Utility Expenses | | 52 75.00 | | 4250.00 |
| 427 | † · · · · · · · · · · · · · · · · · · · | | | ļ | |
| 42/ | Interest Expense | | | - | ./ |
| | TOTAL OTHER INCOME/(EXPENSE) | \$ | 5281.70 | \$ | 4265.99 (2282.55) |
| | NET INCOME/(LOSS) | \$ | (2407.93) | \$ | 1 22 82 55 |

SUPPLEMENTAL FINANCIAL DATA Long-Term Debt

| | LOAN #1 | LOAN #2 | LOAN #3 | LOAN #4 |
|------------------------|---------|---------|---------|---------|
| Date Issued | | | | |
| Source of Loan | // | VA | | |
| ACC Decision No. | | | | |
| Reason for Loan | | | | |
| Dollar Amount Issued | \$ | \$ | \$ | \$ |
| Amount Outstanding | \$ | \$ | \$ | \$ |
| Date of Maturity | | | | |
| Interest Rate | % | % | % | % |
| Current Year Interest | \$ | \$ | \$ | \$ |
| Current Year Principle | \$ | \$ | \$ | \$ |

| Meter Deposit Balance at Test Year End | \$ |
|--|--------|
| Meter Deposits Refunded During the Test Year | \$ |

WATER COMPANY PLANT DESCRIPTION

WELLS

| Pump Horsepower | Pump Yield (gpm) | Casing Depth (Feet) | Casing Diameter (Inches) | Meter Size (inches) | Year Drilled |
|--------------------|---------------------|---------------------------|--------------------------------|---|--|
| 5 H P | 22 | 700 | 8 | 1, | 1970 |
| | | | | | |
| | | | | | |
| - | | | | | |
| | Horsepower | Horsepower (gpm) | Horsepower (gpm) Depth (Feet) | Horsepower (gpm) Depth Diameter (Feet) (Inches) | Horsepower (gpm) Depth Diameter (inches) (Feet) (Inches) |

^{*} Arizona Department of Water Resources Identification Number

OTHER WATER SOURCES

| Name or Description | Capacity (gpm) | Gallons Purchased or Obtained (in thousands) |
|---------------------|----------------|--|
| | | |

| BOOSTER PU | MPS | FIRE HYDRANTS | | |
|------------|----------|---|----------------|--|
| Horsepower | Quantity | Quantity Standard | Quantity Other | |
| | | Print de la | | |
| | 1.1 | | | |
| | | | | |
| | | | | |
| | | | | |

| STORAGE TA | STORAGE TANKS | | ΓANKS |
|------------|---------------|----------|----------|
| Capacity | Quantity | Capacity | Quantity |
| 15,000 | 1 | 2000 991 | · · |
| | | | |
| | | | |
| | | | |

| 10/78/179 Water Co., Inc | COMPANY NAME Tailil 1) La Co Tu |
|--------------------------|---------------------------------|
|--------------------------|---------------------------------|

WATER COMPANY PLANT DESCRIPTION (CONTINUED)

MAINS

| Size (in inches) | Material | Length (in feet) |
|------------------|----------|------------------|
| 2 | | |
| 3 | | |
| 4 | PVC | 1020 |
| 5 | | |
| 6 | PVC | 860 |
| 8 | | |
| 10 | | |
| 12 | | |
| | | |
| | | |
| | | |
| | | |
| | | |

CUSTOMER METERS

| Size (in inches) | Quantity |
|-----------------------------------|----------|
| 5/8 X ³ / ₄ | 4 |
| 3/4 | |
| 1 | |
| 1 1/2 | |
| 2 | |
| Comp. 3 | |
| Turbo 3 | |
| Comp. 4 | |
| Tubo 4 | |
| Comp. 6 | |
| Tubo 6 | |
| | |
| | |

For the following three items, list the utility owned assets in each category.

| TREATMENT EQUIPMENT: | |
|----------------------|---|
| | |
| | |
| | |
| | · · · · · · · · · · · · · · · · · · · |
| STRUCTURES: | |
| | |
| | |
| | |
| OTHER: | |
| | |
| | |
| | |
| | |

WATER USE DATA SHEET BY MONTH FOR CALENDAR YEAR 2005

| MONTH | NUMBER OF CUSTOMERS | GALLONS SOLD | GALLON PUMPED (Thousands) |
|-----------|------------------------|--------------|------------------------------|
| JANUARY | 4 | 60,078 | 61. |
| FEBRUARY | 4 | 61,056 | 62. |
| MARCH | 4 | 54.575 | 56 |
| APRIL | 4 | 67,183 | 68.5 |
| MAY | 4 | 63,772 | 65. |
| JUNE | 4 | 63.803 | 68. |
| JULY | 4 | 41.075 | 43. |
| AUGUST | 4 | 37,008 | 41. |
| SEPTEMBER | 4 | 35,872 | 42. |
| OCTOBER | 4 | 30,572 | 32. |
| NOVEMBER | 4 | 31,073 | 32. |
| DECEMBER | 4 | 30,580 | 31.5 |
| | TOTAL | 576,647 | 602.0 |

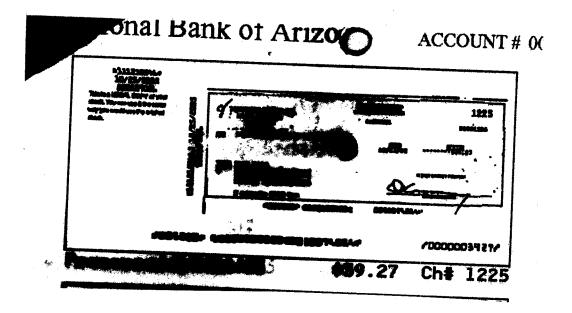
| Is the Water Utili | ty located in an ADWR Active Management Area (AMA)? |
|---------------------|--|
| Yes | () No |
| Does the Compan | y have an ADWR Gallons Per Capita Per Day (GPCPD) requirement? |
| () Yes | № No |
| If yes, provide the | e GPCPD amount: |
| | of arsenic for each well on your systemmg/l , please list each separately.) |

Note: If you are filing for more than one system, please provide separate data sheets for each system.

COMPANY NAME Torto lita Water Co., Inc YEAR ENDING 12/31/2005

PROPERTY TAXES

Amount of actual property taxes paid during Calendar Year 2005 was: \$ 39.27 Attach to this annual report proof (e.g. property tax bills stamped "paid in full" or copies of cancelled checks for property tax payments) of any and all property taxes paid during the calendar year. If no property taxes paid, explain why.



| | | | 200 | D5 PROPERTY TAX | X STATEMENT | | |
|---|---|----------------------|----------------|---|------------------------------|---------------------------|----------------------------------|
| BOOK 218 | MAP | PARCEL 06506 | 904i 0612 | PRIMARY TAX BATE \$100 ASSESSED VA 9.706 | LUE \$100 ASSES | | BIGATION DISTRICT S PER ACRE |
| | | | action binears | ASSESSMENT RATIO | ASSESSED VALUE IN DOLLARS | EXEMPTIONS | NET ASSESSED VALUE |
| | | | 500 | 25.0 | 125 | i . | 125 |
| | | | 500 | 25.0 | 125 | | 125 |
| | | | | JURISDICTION | 2005 | 2004 | DIFFERENCE |
| | | | 12.13 | PIMA COUNTY PRI | TAXES 5.09 | | |
| | | C figure | .00 | SCHOOL EQUAL. MARANA DST#6 PRI | .54 5.13 | 5.41 | .28 |
| | | | 12.13 | PIMA COLLEGE PRI COUNTY BONDS SEC | 1.37 .89 | | |
| | | | 7.74 | MARANA DST#6 SEC PIMA COLLEGE SEC | 2.49 .27 | 2.72 | .23 |
| TOTAL TA | X DUE FOR | 2005 | 19.87 | NORTHWEST FD SEC NORTHWST FD BOND | 2.94 .16 | 2.98 | .04 |
| | N 502 1 01 | . 2000 | | CEN ARIZ WTR SEC PIMA CO FLD SEC LIBRARY DISTRICT FIRE DIST ASSIST | 15 .47 .32 .05 | .15 | 0.00 .03 .05 |
| | | g to design | | TOTALS | 19.87 | 20.38 | .51 |
| PAYMENT | INSTRUC | TIONS | 00620 | 77 01 AV 0.278 **AUTO T7 0 078 | 1 85718-320625 | | e make your check |
| end the 1s our payme | st half insta st half coup ent postma | on with rked no | TOR | | | payab Beth Fo and m | ord, Pima County Treasure |
| ater than No he 2nd half he 2nd half payment oos | f installmer f coupon w | nt, send ith your | 3573 | IEL O CONNELL/PRES E SUNRISE DR STE 125 SON AZ 85718-3206 | | | ord county Treasurer 98765 |

THERE WILL BE A \$25 CHARGE FOR EACH RETURNED CHECK AND YOUR TAXES WILL REVERT TO AN UNPAID STATUS.

Phoenix AZ 85038-0765

PLEASE INCLUDE YOUR

STATE CODE NUMBER

ON YOUR CHECK.

payment postmarked no later than May 1, 2006. The mini-

mum acceptable payment is

\$10 or 10% of the payment due,

whichever is greater.

| | 200 | 5 PROPERTY TAX | STATEMENT | | |
|--|----------------|--|------------------------------|---------------------------|------------------------|
| STATE CODE # BOOK MAP PARCEL | 14.3 14.3 k | PRIMART IAX KAIT F \$100 ASSESSED VALI | | | GIA DISTANC R ACRE |
| 903 60 6100 | / | 9.7063 | | 039 | |
| | a sept | ESGESSMENT RAHÛ | ASSESSED VALUE IN DOLLARS | EXEMPTIONS I | IET ASSESSETI VALUE |
| | 500 | 25.0 | 125 | | 125 |
| | | BURISOIC710N | 2905 FAXES | 2004 TAXES | PHEFERENCE |
| | 12.13 | PIMA COUNTY PRI SCHOOL EQUAL. | 5.09 .54 | 5.09 .57 | 0.0 |
| $d = -4 e^{i t_0}$ | .00 | MARANA DST#6 PRI PIMA COLLEGE PRI | 5.13 1.37 | 5.41 1.39 | .2 |
| e transfer de la companya del companya del companya de la companya | 12.13 | COUNTY BONDS SEC MARANA DST#6 SEC | .89 2.49 | 1.02 2.72 | .1 |
| vinggrassi en grade | 7.27 | PIMA COLLEGE SEC NORTHWEST FD SEC | .27 2.94 | .29 2.98 | .0 |
| OTAL TAX DUE FOR 2005 | 19.40 | NORTHWST FD BOND CEN ARIZ WTR SEC LIBRARY DISTRICT FIRE DIST ASSIST | .16 .15 .32 .05 | 0.00 .15 .27 .05 | 0.0 0.0 |
| | | FIRE DIST ASSIST | .00 | .00 | 5.0 |
| | | TOTALS | 19.40 | 19.94 | .5 |
| PAYMENT INSTRUCTIONS | 00820 | TOTALS 099 01 AV 0.278 **AUTO T7 0 0781 | | | ake your chec |

HadaddaadaaHladaaHaabHlaadhaaHdabdaaHd

THERE WILL BE A \$25 CHARGE FOR EACH RETURNED CHECK

AND YOUR TAXES WILL REVERT TO AN UNPAID STATUS.

TORTOLITA WATER CO., INC.

3573 E SUNRISE DRIVE, #125

TUCSON AZ 85718-3206

DANIEL H O'CONNELL/PRESIDENT

send the 1st half coupon with

your payment postmarked no

later than Nov. 1, 2005. To pay

the 2nd half installment, send

the 2nd half coupon with your

payment postmarked no later

than May 1, 2006. The minimum acceptable payment is

\$10 or 10% of the payment due,

whichever is greater.

Beth Ford, Pima County Treasurer

and mail to:

PO Box 98765

Pima County Treasurer

Phoenix AZ 85038-0765

PLEASE INCLUDE YOUR

STATE CODE NUMBER

ON YOUR CHECK.

Beth Ford



PIMA COUNTY TREASURER'S OFFICE

PIMA COUNTY TAX RECEIPT

TORTOLITA WATER CO., INC. DANIEL H O'CONNELL/PRESIDENT 3573 E SUNRISE DRIVE, #125 TUCSON AZ 85718

THIS IS YOUR RECEIPT FOR PAYMENT(S) OF 2005 REAL ESTATE TAXES

| воок | MAP | PARCEL | TOTAL TAX ASSESSED | DATE |
|------|-----|--------|--------------------|------------|
| 903 | 60 | 6100 | \$ 19.40 | 10/26/2005 |

PAYMENTS

| PAYMENT DATE | DESCRIPTION | TAX PAID | INTEREST PAID | FEES PAID | TOTAL |
|---|-------------|----------|---------------|-----------|---------|
| 10/24/2005 | FULL YEAR | \$19.40 | \$0.00 | \$0.00 | \$19.40 |
| This was a simple to the state of the state | TOTAL PAID | \$19.40 | \$0.00 | \$0.00 | \$19.40 |

| PROPERTY ADDRESS | TAX YEAR 2005 BALAN | CE DUE |
|--|---------------------|--------|
| MARKAT B -MARKAMAN AND AND AND AND AND AND AND AND AND A | DESCRIPTION | AMOUN |

| DESCRIPTION | AMOUNT |
|----------------------|--|
| FIRST HALF TAX DUE | \$0.00 |
| SECOND HALF TAX DUE | \$0.00 |
| NSF FEE DUE | \$0.0 0 |
| RECLAIMED REFUND DUE | \$0.00 |
| TOTAL AMOUNT DUE | sultinationhilis and utilize the six of the characteristic transfer and the six of the characteristic transfer and trans |

Thank you for your payment!

BETH FORD

PIMA COUNTY TREASURER

VERIFICATION AND SWORN STATEMENT Taxes

RECEIVED

MAR 2 7 2006

AZ CORPORATION COMMISSION

VERIFICATION

STATE OF Arizona
I, THE UNDERSIGNED
OF THE

| | | DII | RECTOR OF | UTILITIES |
|--------------------------------|-------|--------|-------------|-----------|
| OUNTY OF (COUNTY NAME) | | | | |
| name (owner or official) title | Danie | 1 H. C | O, Connell, | President |
| COMPANY NAME Tortolita Water | _ | | | |

DO SAY THAT THIS ANNUAL UTILITY PROPERTY TAX AND SALES TAX REPORT TO THE ARIZONA CORPORATION COMMISSION

FOR THE YEAR ENDING

| MONTH | DAY | YEAR | ٦ |
|-------|---------|------|---|
| 12 | 31 | 2005 | ┙ |

HAS BEEN PREPARED UNDER MY DIRECTION, FROM THE ORIGINAL BOOKS, PAPERS AND RECORDS OF SAID UTILITY; THAT I HAVE CAREFULLY EXAMINED THE SAME, AND DECLARE THE SAME TO BE A COMPLETE AND CORRECT STATEMENT OF BUSINESS AND AFFAIRS OF SAID UTILITY FOR THE PERIOD COVERED BY THIS REPORT IN RESPECT TO EACH AND EVERY MATTER AND THING SET FORTH, TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

SWORN STATEMENT

I HEREBY ATTEST THAT ALL PROPERTY TAXES FOR SAID COMPANY ARE CURRENT AND PAID IN FULL.

I HEREBY ATTEST THAT ALL SALES TAXES FOR SAID COMPANY ARE CURRENT AND PAID IN FULL.

SIGNATURE OF OWNER OR OFFICIAL

(520) 615-9802

TELEPHONE NUMBER

SUBSCRIBED AND SWORN TO BEFORE ME

THE 2416 DAYONA

COUNTY NAME

PIMA

MONTH MA

COUNTY

MONTH MA

WALL

WAL

Karin L H. Mohem

MY COMMISSION EXPIRES Nov. 3, 2007

YEAR ENDING 12/31/2005

INCOME TAXES

| For this reporting period, provide the following: | |
|---|--------------------|
| Federal Taxable Income Reported Estimated or Actual Federal Tax Liability | <2283.> 0 |
| State Taxable Income Reported Estimated or Actual State Tax Liability | (2254) 45.00 |
| Amount of Grossed-Up Contributions/Advances: | |
| Amount of Contributions/Advances Amount of Gross-Up Tax Collected Total Grossed-Up Contributions/Advances | <u>0</u> 0 0 |

Decision No. 55774 states, in part, that the utility will refund any excess gross-up funds collected at the close of the tax year when tax returns are completed. Pursuant to this Decision, if gross-up tax refunds are due to any Payer or if any gross-up tax refunds have already been made, attach the following information by Payer: name and amount of contribution/advance, the amount of gross-up tax collected, the amount of refund due to each Payer, and the date the Utility expects to make or has made the refund to the Payer.

CERTIFICATION

The undersigned hereby certifies that the Utility has refunded to Payers all gross-up tax refunds reported in the prior year's annual report. This certification is to be signed by the President or Chief Executive Officer, if a corporation; the managing general partner, if a partnership; the managing member, if a limited liability company or the sole proprietor, if a sole proprietorship.

SIGNATURE

3 /24/06 DATE

Daniel H. O'Connell

PRINTED NAME

ident TITLE

VERIFICATION AND SWORN STATEMENT Intrastate Revenues Only

RECEIVED

| | Intraste | tte Revellacs Chi. | | MAD 9 # 200 | r |
|--|---|--|---|--|------------------------------|
| VERIFICATION | COUNTY OF (COUNTY | (NAME) | | MAR 2 7 200 | Ь |
| STATE OF Arizona | NAME (OWNER OR OI | | AZ C | ORPORATIO N COM | MISSION |
| I, THE UNDERSIGNED | Daniel | H. O'Connell | Preside | BEGTOR OF UTIL | ITIES |
| OF THE | COMPANY NAME Torto lit | a Water (| o., Inc | | |
| DO SAY THAT THIS ANNUAL | UTILITY REPOR | T TO THE ARIZO | NA CORPORA | ATION COMMIS | <u>SION</u> |
| FOR THE YEAR ENDING | MONTH 12 | DAY 31 | YEAR 2005 | | |
| HAS BEEN PREPAI PAPERS AND RECO THE SAME, AND STATEMENT OF B COVERED BY THIS I SET FORTH, TO THE | ORDS OF SAID DECLARE THE USINESS AND REPORT IN RES | UTILITY; THAT SAME TO BI AFFAIRS OF S SPECT TO EACH | I HAVE CA E A COMP SAID UTILIT AND EVER | AREFULLY EX LETE AND C IY FOR THE Y MATTER AN | AMINED ORRECT PERIOD D THING |
| SWORN STATEMENT | | | | | |
| IN ACCORDANCE W 401, ARIZONA REV OPERATING REVEN <u>UTILITY OPERATIO</u> | ISED STATUTE NUE OF SAID U | S, IT IS HERE J TILITY DERIV | IN REPORTING FROM A 2005 WAS: ross Operating Re 694.46 IN BOX ABO 36.83 | ED THAT THE ARIZONA INTE | E GROSS RASTATE |
| **REVENUE REPORTED ON THIS P INCLUDE SALES TAXES BILLED COLLECTED. IF FOR ANY OTHE THE REVENUE REPORTED ABOV AGREE WITH TOTAL OPERATIN ELSEWHERE REPORTED, ATTAC STATEMENTS THAT RECONCILL DIFFERENCE. (EXPLAIN IN DETA SUBSCRIBED AND SWORN TO BE | OR R REASON, VE DOES NOT IG REVENUES CH THOSE E THE AIL) EFORE ME | TELEPHONE NUMBER | 722 FFICIAL 15- 9802 | | |
| PIMA CO | LIC-ARIZONA DUNTY DV. 3, 2007 | MONTH March Karin L. SIGNATURE | 2006 A Noh DE NOTARY JUBLIC | , | |
| MY COMMISSION EXPIRES Nov | 5,200/ | | * | | |

RECEIVE

VERIFICATION AND SWORN STATEMENT RESIDENTIAL REVENUE INTRASTATE REVENUES ONLY

MAR 2 7 2006

AZ CORPORATION COMMISSION DIRECTOR OF UTILITIES

VERIFICATION

STATE OF ARIZONA

I. THE UNDERSIGNED

COUNTY OF (COUNTY NAME) NAME (OWNER OR OFFICIAL) O'Connell Daniel COMPANY NAME Water Co., Inc

OF THE

DO SAY THAT THIS ANNUAL UTILITY REPORT TO THE ARIZONA CORPORATION COMMISSION

FOR THE YEAR ENDING

MONTH 12

DAY 31

YEAR 2005

HAS BEEN PREPARED UNDER MY DIRECTION, FROM THE ORIGINAL BOOKS, PAPERS AND RECORDS OF SAID UTILITY; THAT I HAVE CAREFULLY EXAMINED THE SAME, AND DECLARE THE SAME TO BE A COMPLETE AND CORRECT STATEMENT OF BUSINESS AND AFFAIRS OF SAID UTILITY FOR THE PERIOD COVERED BY THIS REPORT IN RESPECT TO EACH AND EVERY MATTER AND THING SET FORTH, TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

SWORN STATEMENT

IN ACCORDANCE WITH THE REQUIREMENTS OF TITLE 40, ARTICLE 8, SECTION 40-401.01, ARIZONA REVISED STATUTES, IT IS HEREIN REPORTED THAT THE GROSS OPERATING REVENUE OF SAID UTILITY DERIVED FROM ARIZONA INTRASTATE UTILITY OPERATIONS RECEIVED FROM RESIDENTIAL CUSTOMERS DURING CALENDAR YEAR 2005 WAS:

ARIZONA INTRASTATE GROSS OPERATING REVENUES

694.46

(THE AMOUNT IN BOX AT LEFT 36.83 **INCLUDES \$**

IN SALES TAXES BILLED, OR COLLECTED)

*RESIDENTIAL REVENUE REPORTED ON THIS PAGE MUST INCLUDE SALES TAXES BILLED.

SUBSCRIBED AND SWORN TO BEFORE ME

RUBLIC IN AND FORTHE COUNTY OF

ARIN L.H. YOHEM NE TARY PUBLIC ARIZONIA OF THIS PIMA COUNTY

Comm. Exp. Nov. 3, 2007

(SEAL)

MY COMMISSION EXPIRES

Nov. 3, 2007

NOTARY PUBLIC NAME Karin L. H. Yohem .2006

x Kain L. H. Mahem